



ACC.14

TCT@ACC-12 | innovation in intervention

A29

JACC April 1, 2014

Volume 63, Issue 12

Acute Coronary Syndromes

CARE TRANSITIONS FOLLOWING ACUTE MYOCARDIAL INFARCTION FOR TRANSFERRED VERSUS DIRECT ARRIVAL PATIENTS

Oral Contributions

Room 145 A

Sunday, March 30, 2014, 8:15 a.m.-8:30 a.m.

Session Title: Challenges to Optimal Health Care Delivery and Outcomes in ACS

Abstract Category: 3. Acute Coronary Syndromes: Therapy

Presentation Number: 910-04

Authors: Amit Vora, Eric Peterson, Szu-Po Peng, Nadia Sutton, Edward Panacek, Laine Thomas, James de Lemos, Tracy Wang, Duke Clinical Research Institute, Durham, NC, USA

Background: Many patients in the US require inter-hospital transfer for acute myocardial infarction (MI) care. Whether transferred patients are transitioned back to their local community as well as those hospitalized directly is unknown.

Methods: Patients over age 65 in ACTION Registry-GWTG discharged alive after acute MI from 451 US hospitals (2007-2010) were linked to Medicare claims data. We used multivariable Cox modeling to compare 30-day risks of all-cause mortality, cardiovascular (CV) readmission, and outpatient clinic follow-up between transferred and direct arrival patients.

Results: Overall, 14,060/39,136 patients (36%) had inter-hospital transfer for acute MI care. Transferred patients were slightly younger (median age 73 vs. 74, $p<0.01$) but had similar predicted mortality risk (median ACTION mortality risk score 33 vs. 33, $p=0.94$) vs. direct arrival patients. The odds of post-discharge clinic follow-up by 30 days was lower [0.90, 95% CI 0.87-0.92] among transferred patients. While 30-day mortality risks were not significantly different between groups; CV readmission risk was higher among transferred compared with direct arrival patients (Figure).

Conclusion: Transferred acute MI patients are less likely to have timely outpatient clinic follow-up and more likely to require a CV readmission within the first 30 days post-discharge compared with direct arrival patients. This may represent a vulnerable population for whom extra attention is needed to ensure safe transition of care.

